



---

**FOR IMMEDIATE RELEASE**

---

North Suburban Human Rights Authority  
Report of Findings  
Alexian Brothers Behavioral Health Hospital  
HRA #08-100-9035

**Case Summary:** The HRA could not discount the consumer's claim that a staff member taunted consumers in the eating disorder program with food, however no evidence was found to support the statement. The HRA concluded that rights were not violated when the consumer was discharged; the allegation was unsubstantiated. The HRA's public record on this case is recorded below

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). In August 2008, the HRA notified ABBHH of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints accepted for investigation are that a staff member taunted consumers in the eating disorder program with food, and that a consumer was unjustly discharged from the eating disorder program. The rights of mental health consumers are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The focus of this investigation was on the out-patient Eating Disorder Program. The HRA conducted an on-site visit in October 2008. While at ABBHH, the HRA interviewed the Director of the Eating Disorder program, the Supervisor of the program, and the Coordinator for the program; also in the meeting was a representative from the Risk Management/Recipient Advocacy Department. Also interviewed were two consumers that were receiving services in the eating disorder program. The HRA reviewed, with written authority, the clinical record of the consumer whose rights were alleged to have been violated; he was interviewed via telephone. Also reviewed were hospital policies relevant to the allegations.

**Background**

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults. The Eating Disorder Programs at Alexian Brothers Behavioral Health Hospital offer a comprehensive approach that focuses on helping put eating behaviors into perspective. The goal is to help the consumer recover from unhealthy or self-defeating behaviors that may result in anorexia nervosa, bulimia nervosa, compulsive overeating, or binge eating.

**Findings**

The consumer reported that he had been admitted to the Eating Disorder program in late May or early June 2008. He stated that while in the program, a staff member had "waved an ice-cream bar" in front of the consumer while saying something like - bet you wish you could have this.

It was also stated that while receiving the services, his Case Manager thought it best that the consumer Crosstrack - meaning that the consumer would receive services for both mental health issues and the eating disorder problems. The consumer stated that he did not want to be Crosstracked and told his Case Manager that he did not need the mental health services. The consumer was subsequently discharged from the program and learned that his Case Manager reported that he had shoved and threatened her; the consumer stated that this is simply not true. The consumer reported to the HRA that the false statement (shoving and threatening) from the Case Manager not only caused an unjust discharge but it had also prevented the consumer from reentering the program.

According to the clinical record, the consumer was admitted to the program on May 21, 2008 to help control his binge eating. On May 22, notes indicate that the consumer swore and expressed anger in an inappropriate manner and was walked to the program office; he left the program early. (The consumer reported that due to a recent surgery, he needed to use the restroom often and upon his return from using the restroom, he was told that he could not leave the group). On May 23, it was documented that the consumer became defensive when group rules were discussed - the rule being not leaving the group without staff notification. The note documented that the comment was not directed toward this consumer; the consumer refused to continue the group and left the group angrily. It was documented later this same day that the consumer reported that he felt that he had been [verbally] attacked by his peers, he felt degraded, humiliated and he felt that he would not be returning to the program. The consumer returned to the program on May 25<sup>th</sup>, and he reported that he felt that the discussion of the bathroom breaks had been directed toward him. After a discussion with staff, it was documented that the consumer agreed to not personalize this issue in the future; the consumer had plans to return to the program the following day.

A psychiatric evaluation dated May 28, 2008, documented that the consumer reported that emotional upsets tend to trigger his eating episodes and that he had repeatedly stormed out of the program almost every day. It was written that the examination had been delayed because the consumer kept leaving the program early. It was documented that the consumer had been triggered by anger, feeling under attack by the restrictions of the program.

On June 2, the consumer's Case Manager documented that the consumer was given the recommendation to Crosstrack with the Adult partial hospitalization program group and he became "very angry and explosive." It was documented that he slammed doors, yelled and called the Case Manager inappropriate names. According to the note, the consumer was asked to calm down and return to breakfast; the consumer instead went to the hospital's lobby. The Case Manager asked for assistance from other ED staff members to talk to the consumer (due to his size and aggressive manner). The consumer was told that due to his outburst and numerous previous outbursts, it was recommended that he be stepped-up to inpatient hospitalization or be discharged from the program. It was documented that the consumer refused inpatient treatment, he refused a list of alternative treatment centers and he was given the name of the hospital's patient advocate. He was discharged from the program due to his threatening manner and his inability to control his behavior.

The consumer's Interdisciplinary Treatment Plan listed many objectives; for example - develop healthy meal plans, demonstrate understanding of the signs/symptoms/behavior patterns of the eating disorder and identify triggers, develop a successful reintegration program into the community prior to discharge as evidenced by clear and measureable goals for discharge, identify data indicating readiness for discharge, and resume with outpatient psychiatrist for aftercare.

At the site visit, it was explained that consumers are admitted to the program for about 30 days; it runs from 8 a.m. until 3 p.m. Consumers eat breakfast and lunch on site. It was stated that this consumer had been displaying aggressive behavior while in the program and he did not seem real invested in the program. When the Crosstrack option was mentioned, he became loud and

aggressive. When asked if the consumer was aggressive to the point of being a danger to himself or others, the Case Manager stated that while in the program, he had displayed angry outbursts and had always been able to calm down. She did not feel that he was a candidate for involuntary admission.

In discussing the taunting allegation, hospital personnel stated that on one occasion, staff members had an ice cream social and a staff member had taken some ice cream from the dining room into the program area. However, staff members would not taunt a consumer with any food item, as this would simply be counterproductive. During lunch and sometimes breakfast, staff members eat in the dining room with the consumers at a nearby table. Staff members monitor the consumers to ensure that they are eating meals according to treatment plans. Staff can bring in food from home or eat hospital food. Consumers are taught that no food is bad, it is the amount ingested that might cause the problems. Thus, staff are mindful of what they eat in front of the consumers; however, the staff can eat whatever they want.

The two consumers interviewed stated that have never seen a staff member taunt a consumer about food and each seemed rather appalled at the question. Each stated that if they did see something of that nature, they would feel comfortable reporting it to a staff member. Both consumers stated that the staff members treat all the consumers with respect.

The hospital's policy that addresses the guidelines for the discharge planning for patients in Outpatient Services states (in part) that discharge planning is initiated during the initial assessment when discussing goals and treatment planning with the patient. The policy does not address patient termination.

The hospital's policy that addresses patient abuse states (in part) that if a staff member, student, physician, visitor or family member is involved in abuse, they will be escorted away from the unit and a staff member will remain with them. The policy goes on to list 11 steps staff are to take regarding any complaint, allegation or observation of a patient being physically, mentally, sexually or verbally abused, neglected or exploited by any staff, students, physician, visitors, other patients or family members.

### **Conclusion**

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." The HRA cannot discount the consumer's claim that a staff member taunted consumers in the eating disorder program with food, however no evidence was found to support the statement. The HRA concludes that rights were not violated when the consumer was discharged; the allegation is unsubstantiated.